

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	M.H.		04/16/07
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	15	32	5/8
FORMALITY REVIEW	H.T.	913	06/04/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

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